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UNITED
NATIONS

Governing Council
of the
United Nations
Development Programme

Dist.
GENERAL

DP/FPA/CP/85
6 March 1991

ORIGINAL: ENGLISH

Thirty-eighth session
3 - 21 June 1991, New York
Item 6 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Congo
Support for a comprehensive population programme

Proposed UNFPA assistance:	$4 million, of which $2.7 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $1.3 million will be provided by UNFPA. If and to the extent this is not the case, UNFPA may seek to cover the shortfall from other sources, including multi-bilateral sources.
Estimated value of the Government's contribution:	To be determined
Duration:	Four years
Estimated starting date:	January 1991
Executing agencies:	Government of Congo United Nations International Labour Organization (ILO) United Nations Education, Scientific and Cultural Organization (UNESCO) World Health Organisation (WHO)
Government co-ordinating agency:	Ministry of Planning

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CONGO

Demographic facts

Population Total (000)	
Total	1,994
Males	985
Females	1,010
Sex ratio (/100 females)	97.5
Urban	842
Rural	1,152
Per cent urban	42.2
Population in year 2000 (000)	2,635
Functional age groups (%)	
Young child: 0-4	17.8
Child: 5-14	26.2
Youth: 15-24	18.7
Elderly: 60+	5.4
65+	3.4
Women: 15-49	22.8
Median age (years)	18.0
Dependency ratios: total	89.9
(/100) Aged 0-14	83.5
Aged 65+	6.4
Agricultural population density (/hectare of arable land)	7.86
Population density (/sq. km.)	6
Average annual change (000)	
Population increase	59
Births	93
Deaths	34
Net migration	0
Annual population total (% growth)	2.76
Urban	4.30
Rural	1.56
Crude birth rate (/1000)	43.3
Crude death rate (/1000)	15.7
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	5.83
Gross reproduction rate (/woman)	2.87
Net reproduction rate (/woman)	2.14
Infant mortality rate (/1000)	65
Life expectancy at birth (years)	
Males	48.8
Females	52.2
Both sexes	50.5
GNP per capita (U.S. dollars, 1988)	910

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1990. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive programme in the amount of $4 million, of which $2.7 million would be committed from UNFPA's regular resources, over a four-year period, starting January 1991, to assist the Government of Congo in achieving its population and development objectives. If UNFPA's funding situation permits, the balance of up to $1.3 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. This would be the second population programme for Congo. The first programme, approved in 1987 in the amount of $1.9 million, ended in December 1990.

2. The proposed programme is based on: (a) the Government's priorities and strategies as elaborated in the 1990-1994 development plan; and (b) the findings and recommendations of the 1990 Programme Review and Strategy Development (PRSD) exercise, which were based on extensive discussions with various sectoral ministries, non-governmental organizations (NGOs), agencies of the United Nations system, and multilateral and bilateral donors. The programme is designed to complement the Government's overall population strategy and to complement and supplement national population activities.

3. The programme would assist the Government of Congo in achieving four main national objectives: (a) to formulate a comprehensive population policy and establish a permanent system for the design, monitoring and evaluation of population programmes; (b) to reduce the rural exodus of the population and encourage the return of migrants to rural areas; (c) to reduce maternal and infant mortality and adolescent pregnancies; and (d) to improve the role and status of women and to ensure their active participation in the development process.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups, (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. The population of Congo was estimated at 2.3 million in 1990, up from 1.9 million in 1984 and 1.3 million in 1974. At the present rate of increase of 3.45 per cent per year the total would reach 3.2 million in the year 2000. The crude birth rate now stands at 45.9 per thousand while the crude death rate declined from 17.9 to 13.6 per thousand between 1974 and 1984.

6. The population is characterized by a very uneven population distribution: 80 per cent lives in the southern third of the country and 90 per cent of the urban population is concentrated in the two cities of Brazzaville and Pointe-Noire. The urban population made up 51.1 per cent of the total in 1984 compared to 37.9 per cent in 1974, one of the highest percentages in Africa. The natural population growth is much higher in urban areas (40.2 per thousand) than in rural areas (23.9 per thousand) mainly because of the younger age structure of the urban population, and this is exacerbated by continuing migration of younger

people to the cities. Consequently, the rural population is approaching the critical point after which it would start to decline while population growth in urban areas is accelerating. As a consequence, the natural population growth rate increased in 1974 - 1984 from 2.4 per cent to 3.2 per cent. There is every reason to believe that the current trend will continue and a further acceleration of the population growth can be expected.

7. The Congolese economy depends mainly on the export of petroleum, which has hindered development of other sectors and has depressed agricultural production. The decline in oil prices during the 1980s caused severe economic problems that were addressed by several socio-economic adjustment plans starting in 1985. In July 1989 the Government announced its intention of moving from a state-controlled economic system to one driven by market forces. This economic adjustment has caused hardship throughout Congolese society but has particularly affected the most disadvantaged groups.

8. The main environmental problems in Congo have been caused by increased exploitation of the forests as a means of offsetting the decline in oil revenue and the increased pollution and environmental degradation caused by rapid urbanization.

9. The public health service in Congo is mainly curative-oriented while preventative programmes in such areas as nutrition, vaccination, AIDS, and family planning have been financed chiefly by external assistance. There are no reliable statistics to show actual coverage of the health system, but it is thought to be low, especially in remote rural areas. The main problems of reproductive-age women are adolescent pregnancies, abortions, infertility, and high maternal mortality and morbidity. AIDS has recently become a serious public health problem. In Congo, family planning is accepted as birth spacing based on the health rationale. The current contraceptive prevalence rate is estimated at 1 per cent. Unmet demand for family planning exists in both rural and urban areas.

10. With current school attendance close to 100 per cent, Congo has one of the best developed school systems in Africa. The illiteracy rate still stands at 30-35 per cent, however, because the education effort is recent and has not affected the adult population. The drop-out rate is higher for girls than for boys and increases with age. In the informal sector, the national radio operates 20 hours a day and covers the whole nation, devoting about 40 per cent of its time to education programmes.

11. Although Congolese legislation guarantees equality between men and women, this has not yet been fully translated into daily life. Although women account for 60 per cent of the labour force, they are under-represented in the civil service (25 per cent). In both public and private sectors, only 6 per cent of senior posts are held by women.

12. The Government has not yet adopted a formal population policy although it considers population concerns to be integral components of socio-economic development planning. Starting in 1987 two political bodies, the National Population Council (CNP), with the President of the Republic as chairman, and the National Population Commission (CONAPO), headed by the Minister of Planning, have been set up to ensure that population concerns are integrated into development activities. The Population Planning Unit serves as secretariat for both bodies. However, the lack of reliable demographic statistics has made it difficult to design, implement and evaluate population-related programmes. The Government considers the high rural to urban migration rate to be the country's chief population problem and is also concerned about the high level of infant and maternal mortality. The Government has stated that the country is underpopulated in relation to its size.

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III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. In July 1987, the Governing Council approved the first programme of UNFPA assistance to Congo in the amount of $1.9 million over the four-year period 1987-1990. The programme was based on the basic needs assessment mission report of 1984 and of reviews of project execution. In financial terms, the implementation of the programme has been satisfactory and expenditures for 1987-1990 total $1.9 million. The programme achieved good, although still limited, results in data collection, maternal and child health and family planning (MCH/FP) and population policy sectors, with encouraging prospects in women, population and development and population information, education and communication (IEC) in the formal sector.

14. The PRSD mission identified a number of general and sectoral constraints that hampered the implementation of the first country programme. At the political level, the commitment of the Government was not translated into a coherent population plan of action nor was it reflected in the national budget. The UNFPA population programme was frequently exclusively identified with family planning and was therefore not always properly understood. The effort to increase national technical capacity through training activities was affected by the high turnover of the staff trained under the UNFPA-supported projects. Because of the weakness of the available population data base and insufficient awareness of population issues among decision makers, population factors have not been adequately integrated into development planning. There is still no coherent system for designing, monitoring and evaluating general and sectoral population programmes, and co-ordination mechanisms for sectoral activities are weak.

Maternal and child health and family planning

15. UNFPA's support to this sector started in 1980 and was intended to integrate family planning counselling into six MCH centres. This has helped to create a permanent, albeit still limited, service centre infrastructure and to raise awareness and develop skills in family planning among a broad range of health and community development personnel. A sociological study of popular attitudes towards family planning showed that there has been slow but constant progress in the spread of family planning services, especially in the urban areas.

16. During 1987-1989, family planning services were integrated into additional MCH centres, extending the availability of family planning services from five to nine out of the country's ten regions. Training abroad included five long-term and six short-term fellowships, mainly in family planning techniques. Support to IEC activities has been strengthened through workshops and seminars which were attended by a broad range of people. By the end of 1988, family planning was integrated into 15 MCH centres (out of 145 MCH centers) covering 40 per cent of the total population. A project evaluation conducted in August 1988, while recognizing the above achievements, stated that the project results were below expectations. UNFPA support for family planning was felt to be too diffused in the overall health system.

Information, education and communication

17. Activities aiming to integrate population education into formal school programmes were started in March 1989 on a pilot basis in eight schools in four regions. The National Institute of Pedagogical Research and Action is in charge of preparing appropriate school programmes and educational materials. The ultimate goal of the activities is to institutionalize population education in the school system in order

to introduce students to the basic principles of responsible parenthood. Activities thus far completed included the training of the five-member project team and the completion of a socio-cultural survey to take into account the specific Congolese situation and to adapt the population education content accordingly. A major constraint has been overcrowded classrooms, which adversely affect the overall quality of the education system as well as population education efforts.

Data collection and analysis

18. UNFPA assisted the Government in undertaking Congo's first Population and Housing Census in 1974 and the second one in 1984. The final results of the census were published in 1989, and the demographic analysis was planned to be published in early 1991. The good quality of the census data has made it possible to analyse the dynamics of fertility and the interrelationships between fertility and socio-economic variables and to undertake a comparative study on fertility in urban and rural areas. However, the 1984 census grossly underestimated the number of deaths, and its data on mortality, especially on infant mortality, are not reliable. The census data on migration were not sufficiently analyzed and the PRSD mission recommended that additional data processing and analysis should be undertaken before publication of the demographic analysis.

19. UNFPA provided assistance for the pilot phase of a civil registration project, which was initiated in 1976. The new civil registration system was established in pilot areas prior to its application to the rest of the country. However, the project faced institutional difficulties and had to be suspended in 1982. Under the first country programme, after the National Civil Registration Directorate had been set up, UNFPA furnished assistance to strengthen the system by providing local training and producing registries and manuals. The high coverage rate of the civil registration system, estimated at 80 per cent, places Congo in a privileged position as compared to other African countries but, up to now, data on vital statistics have been processed only on a pilot basis (e.g., mortality in Brazzaville).

20. The major constraint in this sector has been insufficient co-ordination between the National Centre of Statistics and Economic Studies and other data collection institutions as well as between data producers and data users. The Superior Council of Statistics, the body responsible for overseeing all statistical operations, is not operational yet and co-ordination is limited to informal discussions. The knowledge of demographic phenomena remains inadequate because of the lack of diversification of data, which only include census data and some specialized studies. Health statistics are out of date and therefore do not provide the basis for programme development.

Population policy formulation

21. The establishment of a Population Planning Unit in the Ministry of Planning was a priority component of the first country programme. The Unit was established in October 1988 after a preparatory phase under which UNFPA provided assistance for training (fellowships and study tours), the compilation of an inventory of population data and studies, and the organization of a National Seminar on Population and Development. The main objectives of the Unit under the first country programme were the co-ordination of all population-related activities in the country, implementation of a research programme on the interrelationship between socio-economic factors and population, and the integration of population variables into the development plan.

22. UNFPA assistance has strengthened national capacity through overseas and local training and technical backstopping. An inventory of available population-related publications has been completed, and a documentation centre is being established. Regional studies have been completed for five regions. A national multisectoral seminar for 50 technicians of the Ministry of Planning and various sectoral ministries was organized in May 1990. The Unit is preparing a publication of all available indicators on women and another study is underway on women, fertility and development. The Unit underscored the interrelationship between population and environment at the environment seminar organized by UNESCO, UNEP and UNFPA in July 1989. In spite of these achievements, these activities faced some constraints. The integration of demographic variables into the socio-economic adjustment programme has been inadequate. The Unit is still understaffed and has not been able to fulfill its role as a co-ordinating body for population activities because the CNP and CONAPO have not started implementing activities.

Women, population and development

23. UNFPA, in co-operation with UNDP, contributed to the creation of the Directorate for the Integration of Women in the Development Process at the Ministry of Planning. The Directorate aims at co-ordinating all women's activities and at developing a policy and programme for women in development. In April 1990, a UNFPA-supported scheme for women in the outskirts of Brazzaville became operational. Its objectives are to enhance women's ability to plan and manage their income-generating activities and to improve the social and health conditions of women and their families. The scheme also has set up a revolving fund to encourage entrepreneurship.

Other external assistance

24. Total external technical co-operation to Congo in 1989 amounted to $55 million, 84 per cent of which was from bilateral sources. France provided 77 per cent of the total technical assistance to the Congo while contributions from United Nations agencies amounted to 10 per cent. International co-operation in the population field has focused on the MCH/FP sector and on the special programme for women. Overall co-ordination of donor assistance has not been very efficient.

25. The health sector receives 12.5 per cent of the total technical assistance. The largest part of the external assistance is to the curative sector with contributions from China, Cuba, Belgium, Vietnam, France and USSR. France has contributed an annual amount of $125,000 to the strengthening of 10 MCH centres in Brazzaville. Its other contributions include support to the nutrition programme ($100,000 a year) and support through volunteers to the health services in the village centres and for training, community-based services and medicines in the rural dispensaries. France is setting up a health data system in collaboration with UNFPA which includes data on family planning services. Germany has contributed to a major project of water supply and for public health centres in the Niari region as well as programmes for disease control. The United States Agency for International Development (USAID) has provided condoms for the AIDS programme, contributed to nutrition and immunization programmes and has provided fellowships in health and family planning. UNICEF contributed $1.5 million in 1988-1989 for vaccination and AIDS programmes and has also done work in the field of population IEC. The WHO mid-term programme on AIDS (1990-1992) amounts to $5 million and has mobilized large donor contributions. The Congolese Association for Family Well-Being (ACBEF), the national affiliate of IPPF which became operational in 1989, contributes $40,000 a year for IEC activities. ACBEF is also providing contraceptives and envisages a community-based distribution of contraceptives.

IV. PROPOSED PROGRAMME 1991-1994

26. The proposed UNFPA programme is based on the Government's five-year development plan, which has provided the framework for the national population strategy, and on the recommendations of the PRSD mission. The overall objectives of the programme are outlined in paragraph 3 above. Specific objectives of this programme are: (a) to increase contraceptive prevalence from 1 per cent in 1990 to 10 per cent in 1994; (b) to develop and implement a national population IEC programme to increase demand for family planning and to improve knowledge of population issues among specific target groups; (c) to formulate a comprehensive national population policy and to ensure the integration of population into the Government development plan; (d) to establish a coherent system for demographic data collection and analysis to meet the country's development needs; and (e) to improve the condition and status of women to enable them to deal with their reproductive roles in a way that will enhance their participation in the development process.

27. In addition to the sectoral strategies detailed below, the proposed overall UNFPA strategy aims to assist the Government in: (a) ensuring co-ordination between donors and between sectoral programmes; (b) consolidating and extending family planning services by the establishment of an appropriate data base and logistics system; (c) developing a comprehensive IEC programme targeted to specific priority groups; (d) strengthening national public institutions and NGOs to enable them to adequately design, implement and evaluate population-related programmes; (e) formulating and implementing comprehensive specialized training programmes.

Maternal and child health and family planning

28. The objectives of the proposed programme in the field of MCH/FP are: (a) to increase the contraceptive prevalence rate from 1 per cent in 1990 to 10 per cent in 1994; (b) to integrate family planning activities into the public health centre action plan and to identify other channels for the delivery of family planning information and services; (c) to promote family planning information and services for adolescents and to initiate a social marketing programme. The Safe Motherhood and high-risk approach would guide UNFPA assistance in this sector in line with the Government's health policy and objectives.

29. Family planning activities would be strengthened in the 35 MCH/FP centres currently supported by UNFPA through training in family planning techniques, in inter-personal communications and in counselling and management of family planning activities. Secondly, services at these centres would be decentralized to bring family planning closer to the population. In order to do so, it would be necessary to collaborate with ACBEF and Family Planning International Assistance (FPIA) and other donors in starting an outreach and community-based distribution programme and in constructing or rehabilitating buildings in local communities for use as MCH/FP centres. Pharmacies would play an important role in the initiation of the community-based distribution programme. Total contraceptive requirements to reach a contraceptive prevalence target of 10 per cent by 1994 are estimated at 1.1 million condoms, 890,000 cycles of pills, 92,000 doses of injectables and 3,500 IUDs. However, condom requirements would continue to be met under the AIDS programme currently supported by USAID. The cost of contraceptives, excluding condoms, would be $293,000, which would be provided by UNFPA and other donors.

30. A national training capacity in family planning would be established at the national university that would include training in IUD insertion. A family planning training programme would be developed for health personnel with a special focus on midwives, traditional birth attendants and other targeted workers. UNFPA, in collaboration with other donors would support the pre-service training needed for the public

health centres. Family planning information and service centres for adolescents would be created. UNFPA would also collaborate with other donors in providing advisory services and training and equipment for the establishment of management information and logistics systems. A total amount of $1 million would be allocated for this sector.

Information, education and communication

31. The objectives in the population IEC field are to: (a) assist the Government in formulating a national IEC programme aimed at increasing the demand for contraceptives and improving the knowledge of population issues; (b) establish a mechanism for the co-ordination of all population IEC activities; and (c) consolidate and expand family life education in schools. The aim would be to extend population education, including information on AIDS, to all secondary schools and on a pilot basis to selected primary schools. Existing government channels of communication, NGOs and the government literacy programme would be used to reach the out-of-school population. All IEC activities would include information on AIDS. A total amount of $600,000 would be provided for the IEC sector.

32. Given the high level of school enrolment in Congo and the fact that students at all stages constitute 30 per cent of the population, the school system is a critical target for activities in the population IEC sector. UNFPA would assist the Government in extending population education from the eight secondary schools currently covered under the pilot programme to 223 schools. In this connection, education modules would be developed on the basis of a socio-cultural study and would be tested and integrated into the curriculum in such subjects as geography, French, biology and civil education. About 700 in-service teachers would receive training in the methodology of teaching population education. The university curriculum for pre-service teacher training would be revised to include a population education component. The possibility would be explored of reinforcing population education as an extra-curricular activity, on a pilot basis, in three secondary schools in Brazzaville. At the primary level, population education would be introduced, also on a pilot basis, in the final year of classes at eight schools in four of the country's 10 regions. In order to ensure that this programme is effectively implemented, sensitization activities would be directed at decision makers, parents, teachers, and other education officials. An amount of $400,000 would be allocated to this component.

33. UNFPA would assist the Government in establishing a task force with the responsibility of making proposals for a national IEC programme and for co-ordinating its implementation. This task force would work to ensure that IEC messages are coherently presented to target groups, and it would co-ordinate the production of IEC materials to avoid duplication. Existing materials would be inventoried and evaluated. UNFPA would provide support for the training of journalists both in country and abroad to enable them to transmit appropriate messages on population issues through the national radio, television and newspapers. Population issues would also be included in the rural radio programmes for agricultural extension workers in the four regions where such programmes are being broadcast. Support would be given to the Ministries of Health and Social Affairs and Youth and Rural Development, which have a good network of field staff, in organizing training seminars at regional and district levels on communication techniques and population issues. UNFPA would take advantage of the government literacy programme to introduce family life education in 23 centres for female literacy. In view of the influence of religious groups on social behaviour and their capacity to reach out to the general population, UNFPA would support such activities as the "Foyers Chrétiens", in order to involve them in family life education activities. With the support of the Population Planning Unit, awareness creation activities would be organized to sensitize decision makers,

community leaders, civil servants and opinion leaders on the interrelationship between population and socio-economic development. An amount of $200,000 would be provided for this area.

Data collection and analysis

34. UNFPA would assist the Government in achieving a coherent system of demographic data collection and analysis. This would require setting up an integrated system for the collection and analysis of socio-demographic data at the National Centre of Statistics and Economic Studies (CNSEE) with sub-systems located in the sectoral ministries. If achieved, this would solve such problems as poor co-ordination, insufficient computerization and non-standardization of demographic data. UNFPA together with other donors would support the development of a training programme in research methodology, health statistics and data processing. A further need is for the diversification of demographic data sources and the improvement of their processing and analysis. As short-term priorities, the 1984 census data would be further processed to extract more data on migration, and the health statistics system would be reorganized. This would require the restructuring of the Statistical Office at the Ministry of Health and Social Affairs, the assignment of high-level and adequately trained statisticians to these projects, a reorganization of the health data collection system and the training of health personnel at all levels. An additional aim of UNFPA assistance would be to create a compendium of data and demographic models allowing the Government and external assistance institutions to develop, monitor and evaluate population-related programmes. In this connection, UNFPA in collaboration with other donors would assist the Government in undertaking the 1994 Population and Housing Census as well as an in-depth study on the coverage rate and quality of the civil registration data. This is a precondition to the use of these data for demographic analysis purposes, and it should be combined with surveys on infant and maternal mortality and on the causes and socio-economic consequences of migration. A study of fertility determinants and the socio-cultural consequences of sterility would also be undertaken. UNFPA proposes to provide $1.2 million for this sector, of which $900,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

35. The objectives in this sector are to formulate, and secure Government approval of, a comprehensive national population policy and its programme of implementation so that population issues can be integrated into the next socio-economic development plan. UNFPA would provide assistance to strengthen the national institutions involved in designing and implementing population programmes through in-country and overseas training and by providing technical backstopping.

36. In order to strengthen the Population Planning Unit, it would be necessary for the Government to assign adequate staff to the Unit. A comprehensive training programme on population and development would be formulated and implemented with UNFPA assistance. The Government plans to institutionalize the Unit as a Department at the Ministry of Planning and to set up a system to co-ordinate the design, implementation and evaluation of population programmes. UNFPA would also support a campaign to sensitize such important target groups as high-level decision makers, technicians of the Ministry of Planning and sectoral ministries, political and religious leaders and representatives of national NGOs about the importance of population issues for socio-economic development and on the provisions of the population policy. It is expected that the Government would transform the CONAPO into a technical body to oversee the conceptualization, formulation and implementation of general and sectoral population programmes. UNFPA would contribute to the implementation of a population research programme on the

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interrelationships between population and development. UNFPA would provide a total amount of $700,000 for this sector, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

37. The objectives in the field of women, population and development are to assist the Government to formulate and implement a national policy and to integrate women into the development process. In order to achieve these objectives UNFPA, in collaboration with other donors, would strengthen the Directorate for the Integration of Women in the Development Process by improving its technical capabilities, by supporting research on the situation of women and by contributing relevant publications and population education materials towards the establishment of a documentation centre on women. IEC activities directed at decision makers, opinion leaders and the general public would also deal with issues relating to the status of women and their participation in the socio-economic development process. The provisions of the family code, particularly on inheritance and access to credit, would be disseminated through various communication channels. The ongoing micro-enterprise activities for women migrants in the outskirts of Brazzaville would be consolidated and continued in the proposed programme. An amount of $400,000 would be allocated for this sector, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

38. An amount of $100,000 would be held in reserve for new proposals that would be developed within the framework of the proposed programme.

Programme co-ordination

39. In agreement with the Ministry of Foreign Affairs and Co-operation, the Ministry of Planning and Economy has the responsibility for co-ordinating and monitoring all external assistance. It also co-ordinates the population programme. UNFPA would ensure that effective collaboration would take place with the other members of the Joint Consultative Group on Policy (UNDP, UNICEF and WFP) in programme formulation and implementation and would maintain contact with other donors and NGOs. A quarterly meeting for key personnel of population projects would take place in order to stimulate interaction between the activities undertaken in the population field.

Programme monitoring, evaluation and management

40. UNFPA monitoring and evaluation guidelines would apply to the programme. There is a need to involve national counterparts more closely in the life cycle of the project starting with the project design. Training in project formulation, management, monitoring and evaluation would therefore be organized by the field office. The mid-term review of the programme would be organized in 1994 to coincide with the end of the Government's five-year plan (1990-1994), and the final review would take place in 1996. Other United Nations agencies and donors would be involved in this exercise. The UNFPA field office is staffed with a Country Director, a National Programme Officer, a Programme Assistant, a secretary and a driver.

Financial summary

41. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $4 million, of which $2.7 million would be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $1.3 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The following table depicts how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,000,0000	–	1,000,000
Information, education and and communication	600,000	–	600,000
Data collection and analysis	300,000	900,000	1,200,000
Population policy formulation	500,000	200,000	700,000
Women, population and development	200,000	200,000	400,000
Programme reserve	100,000	--	100,000
TOTAL	2,700,000	1,300,000	4,000,000

V. RECOMMENDATION

42. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Congo in the amount of $4 million for four years;

(b) Authorize the Executive Director to commit an amount of $2.7 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up to $1.3 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other resources, including multi-bilateral sources;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Congo and with the executing agencies.

UNITED
NATIONS

DP

Governing Council
of the
United Nations
Development Programme

Dist.
GENERAL

DP/FPA/CP/86
20 March 1991

ORIGINAL: ENGLISH

Thirty-eighth session
3 - 21 June 1991, New York
Item 6 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendations by the Executive Director
Assistance to the Government of India
Support for a Comprehensive Population Programme

Proposed UNFPA assistance:	$90 million, of which $70 million would be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $20 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1991
Executing agencies:	Government of India International Labour Organisation (ILO) United Nations Population Fund (UNFPA) National and International NGOs
Government co-ordinating agencies:	Ministry of Health and Family Welfare Ministry of Labour Ministry of Human Resources Development Ministry of Social Welfare

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INDIA

Demographic facts

Population Total (000)	
Total	853,373
Males	441,044
Females	412,328
Sex ratio (/100 females)	107.0
Urban	238,946
Rural	614,427
Per cent urban	28.0
Population in year 2000 (000)	1,042,530
Functional age groups (%)	
Young child: 0-4	13.4
Child: 5-14	23.1
Youth: 15-24	19.4
Elderly: 60+	7.1
65+	4.5
Women: 15-49	23.7
Median age (years)	21.8
Dependency ratios: total	69.5
(/100) Aged 0-14	61.8
Aged 65+	7.6
Agricultural population density (/hectare of arable land)	3.13
Population density (/sq. km.)	260
Average annual change (000)	
Population increase	18,791
Births	27,959
Deaths	9,168
Net migration	0
Annual population total (% growth)	2.09
Urban	4.07
Rural	1.26
Crude birth rate (/1000)	31.1
Crude death rate (/1000)	10.2
Net migration rate (/1000)	0
Total fertility rate (/woman)	4.1
Gross reproduction rate (/woman)	2.0
Net reproduction rate (/woman)	1.65
Infant mortality rate (/1000)	88
Life expectancy at birth (years)	
Males	60.1
Females	60.7
Both sexes	60.4
GNP per capita (U.S. dollars, 1988)	340

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1990. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive programme in the amount of $90 million, of which $70 million would be committed from UNFPA's regular resources over a five-year period, starting January 1991, to assist the Government of India in achieving its population and development objectives. If UNFPA's funding situation permits, the balance of up to $20 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources.

2. The proposed programme has been designed to complement the Government of India's Revised Strategy for National Family Welfare (1986) and the development plan document for the eighth five-year plan. It is based on the results of the Programme Review and Strategy Development (PRSD) mission that visited India in August-September 1990, as well as on a recently completed UNFPA-organized study of the population programmes of four South Asian countries, including India. The programme's profile was determined in consultation with senior officials of the Ministry of Health and Family Welfare, as well as with representatives from other United Nations agencies, universities, institutes, non-governmental organizations (NGOs), and bilateral donors active in population activities in India. The new programme is designed to coincide with the Government's eighth five-year development plan (April 1991-March 1996) and with the fourth programme cycles of the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF), both of which are partner agencies of the Joint Consultative Group on Policy (JCGP).

3. The population goal of the Government is to regulate population growth through a voluntary family welfare programme and to achieve a net reproduction rate of 1 by the year 2000 and zero population growth by the year 2050. Short-term targets set forth in the eighth five-year plan include: (a) increasing the contraceptive prevalence rate from 43.3 per cent in 1990 to 53 per cent by 1995; (b) reducing the crude birth rate from 30.5 per cent in 1990 to 26.7 per cent by 1995; (c) reducing the crude death rate from 10.2 per 1,000 in 1990 to 9.3 by 1995; and (d) reducing infant mortality from 91 per 1,000 live births to 80 per 1,000 live births by 1995. The population growth rate is targeted to drop from 2.03 per cent in 1990 to 1.76 per cent by 1995.

4. The broad objectives of the proposed UNFPA programme would be to assist the Government in: (a) improving programme co-ordination, implementation and evaluation at the state and community levels; (b) upgrading the service-delivery capacity of the health and family welfare network in states with high birth and death rates, high infant mortality rates, and other low human development indicators,[1] while improving the rate of utilization and quality of services provided in those states; (c) increasing the country's self-reliance in contraceptive production while improving quality control of these contraceptives; (d) developing service models for maternal health care for care by traditional birth attendants (TBAs), for contraceptive services and for community involvement; (e) developing a national communication strategy and strengthening the communication component of the national population programme; (f) intensifying information and awareness creation activities, (g) consolidating the progress achieved in population education, both in and out of schools; and (h) enhancing women's status by improving female literacy, promoting employment opportunities and income-generating activities in certain specified areas.

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[1]For an in-depth discussion of "human development indicators" see the UNDP's Human Development Report (New York: Oxford University Press, 1990).

5. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

6. With a population of 853 million (1990), India is the second most populous country in the world. At the current growth rate of 2.09 per cent, adding some 19 million people annually, the population is likely to exceed 1 billion by the year 2000. Such an increase would have very serious social, economic and environmental consequences, undermining progress made in development and further deteriorating the livelihood of the 322 million people who already live below the poverty level. The urgent need to moderate population growth is demonstrated by the fact that although the country occupies only 2.4 per cent of the world's land area, it has more than 15 per cent of the total world population.

7. India's demographic history follows a pattern characteristic of many developing countries. According to United Nations figures, during the last century the population remained stationary, with birth and death rates of over 45 per 1,000. Death rates declined from about 36 per 1,000 in the 1920s to around 20 per 1,000 by the 1960s and to 10.2 per 1,000 at present. Birth rates remained constant at around 42-45 per 1,000 until the 1960s, declining to about 33.2 in the 1980s to reach the current level of 31.1 per 1,000. Annual population growth rose from about 1 per cent in the 1920s to a peak of 2.5 per cent in the period 1960-1965 and now stands at 2.09 per cent, at which rate the population will double in 34 years, making India the most populous country in the world at that time. According to United Nations projections, the population will reach 1.445 billion by the year 2025, some 145 million more than the Government's target of 1.3 billion by the year 2050.

8. India has the distinction of being the first developing country to have started a national population programme. In 1952, a Population Policy Committee was appointed under the Ministry of Planning to introduce family planning in the first five-year plan (1951-1956). The Committee formulated a policy for reducing birth rates "to the extent necessary to stabilize the population at a level consistent with the requirements of the national economy". The programme was initially modest, employing a primarily clinical approach, but expanded steadily into a concerted national effort to control population growth following the publication of the results of the 1961 decennial census. In 1966, the Government established a full-fledged Department of Family Planning within the Ministry of Health, with the goal of reducing the birth rate from 41 to 25 per 1,000 in 10 years. A community-centred approach was also adopted at that time. In the mid-1970s, under the direction of the Ministry of Health and Family Welfare, family planning was fully integrated with primary health care and with maternal and child health and nutrition services. Multi-purpose health workers were trained to deliver family planning services, an approach that has been followed to the present time. Annual allocations, expenditures, development of physical infrastructure and facilities, and the numbers of family planning personnel all have grown steadily to make India's population programme the largest and most complex in the world.

9. Since the beginning, the government programme has established specific demographic targets, in particular, for fertility levels and the number of couples protected by family planning methods. Consequently, performance has been evaluated in terms of programme impact on the reduction of birth rates. Based, since its inception, on the principle of a "cafeteria approach", couples have been provided a wide range of methods from which to choose. In actual practice, however, the government programme has tended to concentrate on sterilization and has offered a variety of incentives to both acceptors and programme officials for the achievement of sterilization targets.

10. According to official statistics, the programme has been extremely successful. Contraceptive prevalence is reported to have risen from 4.1 per cent in 1967 to 43.3 per cent in 1990. However, the nearly 100 per cent increase recorded between 1977 and 1990 is not consistent with the small decline in crude birth rates recorded during the same period. The main reason for this inconsistency is the over-estimation of contraceptive users, based in part on officials' over-reporting to meet targets. Some indicators in fact suggest that crude birth rates may actually have been higher than had been estimated. These include, among others, changes in the age-sex distribution of the population, a reduction in breastfeeding and an insufficient increase in the use of temporary contraceptive methods.

11. Over the years, planners have come to realize that efforts to change people's attitudes towards smaller families require a more comprehensive and balanced approach. This is reflected in the Revised Strategy for National Family Welfare of 1986, which places family planning in the wider context of health and family welfare. A primary concern of the strategy is the relationship between the status of women and level of fertility. It therefore focuses on measures to: improve female literacy, education, employment and income; enhance women's participation in family and community decision making; improve women's health and welfare; and raise the age of marriage and delay the birth of the first child. Other key concerns of the strategy include: (a) child survival, through improved mother and child health, and child spacing to improve health prospects for children already born; (b) streamlining of the entire programme and integration of the efforts of concerned developmental agencies; and (c) elevation of the family welfare programme to a genuine voluntary people's movement. The Government is firmly committed to planned population growth and a voluntary family welfare programme fully integrated with health concerns.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. External assistance constitutes a relatively modest proportion of the Government's health and family welfare budget. During 1987-1988, for example, such assistance amounted to $44 million, or about 12 per cent of total expenditures for activities in the health and family welfare sector. UNFPA first provided assistance in 1974, channelling $46 million through a five-year country programme for such activities as family planning facilities, supply and production of contraceptives, and training for traditional birth attendants (TBAs), multi-purpose workers and female health workers. Most of the $63 million in assistance in the Fund's second country programme (1980-1984) went for constructing and staffing primary health centres and subcentres and for supplying contraceptives. UNFPA's third country programme (1986-1990) provided $63.8 million for area development projects in three states (Rajasthan, Maharashtra and Himachal Pradesh), contraceptive supplies, population education, and family welfare activities in the organized sector.

Maternal-and child health and family planning

13. Expenditure in the field of maternal and child health and family planning (MCH/FP) included support to area development projects in states with the lowest health, social and family planning indicators

in India, namely Bihar (from 1980 to 1985), Rajasthan (starting 1980 and continuing), and in Maharashtra and Himachal Pradesh (starting 1990). Based on a model plan developed by the Government, the activities have helped to establish primary health centres and sub-centres, provide contraceptive and medical supplies and medical equipment, strengthen management and health training, intensify information, education and communication (IEC) activities and train IEC personnel, and provide support for salaries and research. An evaluation in 1984 revealed a number of problems connected with staffing and construction of facilities. MCH/FP service delivery was particularly disappointing in Bihar. The PRSD mission (1990), although supportive of the area development approach, identified constraints needing attention and improvement in all three ongoing programmes. These included insufficient community involvement, lack of excellence in quality of services and in construction, insufficient technical backstopping and cumbersome reporting procedures.

14. UNFPA has played an important role in meeting India's contraceptive needs, importing large amounts of supplies, facilitating the establishment of local production of condoms and IUDs, and providing raw material for oral pills as well as medical equipment for surgical contraception. Between 1975 and 1990, UNFPA allocated over $66 million for these purposes. Additional funds have been provided to support quality control of locally-manufactured IUDs and tubal rings, a review of the contraceptive distribution system, a concurrent evaluation of the family welfare programme nationwide, and monitoring of the sterilization programme in selected districts in two states. Noting the availability of local resources for manufacture of contraceptives, the PRSD Mission recommended that greater attention should be paid to building local production capacity.

Information, education and communication

15. The other most important area of UNFPA assistance to India has been population education and IEC activities in the organized labour sector. Since 1981, UNFPA-funded education programmes have been introducing population material into the curricula of schools and universities, and at a later date into vocational institutions. UNFPA support has also been used to train teachers, and produce population education materials. There have been notable achievements in these projects, despite the failure to reach large numbers of school drop-outs and the need for adequate out-of-school population programmes. Ten projects (executed by ILO) have been supporting family welfare activities in the organized labour sector, which includes 25 million people and 15 per cent of the country's total target-couple population. The projects have a predominant population education component, with training and family planning motivational activities. They are also increasingly reaching beyond the employee communities to include broader segments of the population. These activities have been quite successful in creating demand for contraception because communication messages and services can be delivered efficiently in the organized labour section of the population. A shortfall has been, however, the difficulty in managing these schemes.

Other sectors

16. The concentration of UNFPA assistance in the sectors mentioned above has left limited resources for other areas, although various projects under MCH/FP and IEC include a number of multi-sectoral activities. Human resource development has been given special attention in order to improve the quality of medical staff in sterilization, recanalization and programme management. In the context of the area development projects, technical skills of various categories of health and family welfare workers have been continuously upgraded. With UNFPA support, overseas study tours have been organized for senior officials to familiarize them with programmes in other countries and to encourage their participation in conferences

and international meetings. Women's concerns could only be introduced into UNFPA's third country programme in its closing years. Specific activities directed to women included a family welfare programme for working women in urban slums of Madras, income-generating, health and nutrition activities in a sericulture programme with the United Nations Development Fund for Women (UNIFEM) and the World Food Programme (WFP) in Rajasthan, a mass-media activity with UNIFEM to promote gender issues in the 1991 decennial census, and a Safe Motherhood exhibition. Components to enhance women's skills and income-generating capacities were also built into some of the area activities.

Other external assistance

17. The main donors providing assistance to population activities in India in addition to UNFPA are the World Bank, UNICEF, the World Health Organization (WHO), the United States Agency for International Development (USAID), the Norwegian Agency for International Development (NORAD) the Danish International Development Agency (DANIDA) and the Overseas Development Agency (ODA) of the United Kingdom. Donor assistance has been primarily channelled to finance area projects in selected districts of various states. This assistance has been largely financial in nature, making use of the vast pool of locally available human resources and supplementing government funding. While such assistance has been successful in addressing key issues, it has been disproportionately utilized for the development of infrastructure and expansion of services.

18. In addition, the World Bank supports a large training effort for health personnel and a family welfare programme for low-income families of Bombay, Madras and Chingleput. UNICEF supports immunization and integrated child development services in rural areas and urban slums, as well as activities to improve maternal health and enhance women's status. WHO has funded research under its Special Programme of Research, Development and Research Training in Human Reproduction and has provided fellowships, medical equipment and supplies. USAID is involved in IEC activities and training in selected northern districts, the supply of IUDs, a child survival and health project, the social marketing of contraceptives and support to NGOs. NORAD provides assistance to the All-India Post-Partum Programme, which extends family planning to women utilizing maternity services at hospitals. DANIDA assists the MCH/FP activities of the Christian Medical Association of India. ODA has funded five social infrastructure projects in the State of Andhra Pradesh.

IV. PROPOSED PROGRAMME

19. The Government of India has earmarked $5.3 billion for family welfare programmes under its eighth development plan. While this allocation is substantial, it is relatively modest in relation to the overall needs of the country and of this sector. The figure includes external assistance, which in the past has contributed approximately 12 per cent of the annual health and family welfare expenditures. While there is growing interest in the donor community for integrated multi-sectoral activities, especially in the women and development field, there are also donors who are moving out of direct population assistance. An important UNFPA future role would be to ensure that assistance to this key component of development is maintained and enhanced, whether through UNFPA's own resources or through other sources.

20. The overall objectives of the proposed programme are outlined in paragraph 4 above. While fully endorsing the Government's strategy for family welfare as the basis for programming future population activities in India, the PRSD mission did recommend some adjustments in certain areas. These include, inter alia: (a) placing less emphasis on targets, in order to avoid the over-estimation and manipulation of

data by units and individuals and the sacrificing of quality of services for quantity; (b) shifting away from a reliance on surgical contraception by creating demand for a wider range of temporary methods for younger, low-parity couples; (c) re-assessing communication needs and programmes for the different target populations in order to facilitate the formulation of a comprehensive communication strategy; (d) ensuring that family planning is effectively integrated into the wider context of health and other socio-economic interventions; (e) promoting a community-based approach to generate local participation in the programme; (f) making greater use of NGOs to launch innovative programmes, especially those able to motivate community support; (g) creating a national policy co-ordinating body and functional agencies at the state and district levels; (h) increasing the involvement of the many research and training institutions already available in the country; and (i) creating a nation-wide computer-based network of population information.

Maternal and child health and family planning

21. UNFPA would provide $50.8 million from its regular resources to the MCH/FP sector, of which $39.8 million would be used for continued support to the Rajasthan, Maharashtra and Himachal Pradesh area development efforts in recognition of the value of the area development programme strategy in particularly backward regions. Activities pursued within the area development approach would focus on improving maternal health, safe motherhood, child survival, community participation, training for TBAs, increasing the involvement of NGOs, making greater use of health sub-centres, marketing contraceptives through the private sector, developing technical and management capabilities, and strengthening communication and information systems. In line with the PRSD mission recommendation, the programme would place less emphasis on building up infrastructure and give more attention to improving the quality and extending the outreach of services. To achieve these results, the programme would establish centres to train in surgical contraception and recanalization, monitor such surgical procedures and promote family welfare activities in low-acceptance areas in the State of Maharashtra and among the tea estates of West Bengal. These latter activities, started under the previous country programme, would require $2 million for completion under the fourth cycle.

22. Although the need for provision of different kinds of contraceptives has been voiced in India since the 1950s, sterilization accounts for more than three-fourths of all contraception. The strategy for achieving a true "cafeteria approach" and for providing temporary methods for younger couples desiring child spacing includes local production of a wider range of contraceptives. The PRSD mission recommended expanding the production and use of condoms and pills, enhancing IUD production capabilities, and possibly introducing and producing NORPLANT (sub-dermal contraceptive implants) and injectables. Under the proposed country programme, UNFPA would provide $5 million to enhance quality control, improve the capacity to package condoms, import raw materials to make tablets and package oral pills locally and import injectables, rings and other newer contraceptives for introductory trials and research. An additional $4.3 million would be sought from other sources, including multi-bilateral sources, for research programmes and the establishment of a NORPLANT production facility. UNFPA would also provide $1.3 million for the commissioning of the IUD manufacturing facility in Trivandrum.

23. Support to NGOs would be another priority area of the programme. The PRSD mission observed that the energies of NGOs have not been harnessed effectively in demand creation and service delivery of MCH/FP, and it recommended that NGOs be encouraged to play a role in mobilizing community participation. UNFPA assistance would include support to various types of NGOs and support for the creation and institutionalization of an NGO trust fund or apex body to channel grants and revolving funds to well-established NGOs and networks of NGOs. In addition to studies carried out under the area

development activities, funds would be made available for research work and pilot efforts to explore new approaches to MCH/FP, with women's health being the main focus. Under the fourth country programme, $2.7 million would be proposed from UNFPA funds and an additional $3.5 million would be sought from other sources, including multi-bilateral sources, for the implementation of activities under this category.

Information, education and communication

24. UNFPA-supported population education activities in India would continue to focus on integrating population education into the school and university system, as well as into the curricula of vocational institutions, the organized labour sector, and adult education. In line with the PRSD mission recommendations, female literacy and adult education would be given particular attention, as school drop-outs or those who never go to school represent a substantial portion of the population. UNFPA would provide $9.23 million for the activities in this sector; an additional $3.6 million would be sought from other sources, including multi-bilateral sources. Of this amount, $3.8 million would be provided to expand ongoing programmes. The remainder would be extended on new activities in population education,including: (a) work in selected community education centres to develop suitable education materials, train teachers, evaluate performance, and discourage early school drop-out; (b) production of high-quality teaching materials dealing with population issues; (c) revision of current curricula to relate the study of population to students' interests, gender issues, and the environment; (d) strengthening of population education in area development projects; and (e) establishment of linkages between population education and the mass media.

25. In the organized labour sector adult education would focus on promoting population awareness and creating demand for family planning services. At the same time, activities would focus on strengthening the self-reliance of national institutions in programme implementation, management and monitoring. UNFPA assistance would also be used to introduce innovative population education approaches, utilizing non-governmental and voluntary organizations to implement them, and to continue support to the Directorate-General of Employment and Training of the Ministry of Labour in its programme to establish population education in the curriculum of vocational training institutions. UNFPA would support the further development of plans of action for the family welfare programmes of various occupational sectors.

26. Although India has a highly developed modern communications system, with extensive nation-wide coverage by the television and radio broadcasting networks and the print media, population communication efforts in the family welfare programme have not been sufficiently effective and focused. Population messages are usually not tested in the field and are often not oriented to target audiences. On the other hand, the use of traditional and folk media has been quite successful. As recommended by the PRSD mission, UNFPA would give priority attention in this area to the development of a comprehensive communication approach and, specifically, to related socio-cultural research. The innovative use of media, including folk and drama production, and counselling would constitute part of the same strategy. UNFPA would provide $1.08 million for activities to help develop an effective population communications system in India.

27. There are many research, training and policy-oriented institutions in the population field in India, many of which are internationally recognized for their excellence. However, their potential is not being fully tapped and could be gainfully utilized to increase awareness of population issues and the relationship between population variables and development. Technical capabilities are available locally, and a pilot management information system (MIS) is being tested in some of the area development programmes. As recommended by the PRSD mission, UNFPA proposes $800,000 to establish among these institutions a computer-based

network for the production, exchange, and dissemination of population information nation-wide. This initial sum would set up population information centres (PICs) in eight of these instituions.

Population policy formulation

28. Up-to-date, reliable information on the status, role and performance of existing health and family welfare programmes is limited. UNFPA recently started providing support for the evaluation of programmes and activities of 19 districts in 17 Indian states, using stratified random sampling procedures. UNFPA proposes to provide $3.2 million to continue this important activity. An additional $400,000 is needed to carry out research on various population and related concerns such as the environment, urbanization, women's concerns and AIDs and to facilitate the integration of the findings into development plans and programmes.

Population dynamics

29. India is rich in demographic data and has long years of experience in undertaking censuses on a regular basis. The capacity to utilize these data for analytical investigations, estimates and projections, monitoring and assessment of population programme performance is, however, still inadequate. With UNFPA support, the Government proposes to analyse certain data collected under the 1991 population and housing census and to produce a series of census monographs that will be extremely useful for programme planning, management and evaluation. This work will be undertaken by the Department of Statistics. UNFPA proposes $250,000 for this purpose.

Women, population and development

30. The Revised Strategy for the National Family Welfare Programme (1986) states that people are the nation's most precious resources and that emphasis should be placed not on controlling numbers, but rather on seeking to develop human resources. The Government recognizes that women are the cornerstone of change, especially with regard to family planning. In line with this government pronouncement, the PRSD mission recommended that programmes promoting the socio-economic condition of women should be an important part of the strategy of UNFPA proposed programme. The mission identified the following areas of action: (a) sensitizing government officials and planners about the importance of the role of women in society and in development; (b) heightening female literacy, particularly through activities to encourage girls to stay in school and to involve women in adult education; (c) increasing women's access to family planning information and services; (d) encouraging child spacing and postponing the birth of the first child; and (e) promoting employment and income opportunities. Under the proposed programme, $2.3 million would be provided from UNFPA resources and $1 million would be sought from other sources, including multi-bilateral sources, for: (a) activities emphasizing health care, family planning and income generation for working women in urban slums of Madras and for tribal Santhal and Andhra Pradesh women; and (b) innovative activities aimed to sensitizing doctors and health workers to the special needs of women, changing attitudes among different social classes, training trainers in gender issues, creating revolving credit schemes for women in and around their homes, and undertaking special studies such as the linkage between security in old age and early fertility behaviour.

Multi-sectoral programmes

31. UNFPA proposes to spend $500,000 for multi-sectoral programmes that would include: (a) short-term overseas fellowships and study tours of official and technical personnel for participation in specific

population-related workshops, seminars, conferences and orientation tours; and (b) regional technical exchanges as a follow-up to the UNFPA-sponsored South Asia Study. An additional $250,000 would also be provided for an umbrella project to facilitate development and monitoring of UNFPA projects. The major multi-sectoral programme envisaged under the fourth country programme would be an integrated women's programme in the northern State of Haryana, where social conditions pose a major challenge to women's development. This would be undertaken in collaboration with other United Nations agencies and other multi-bilateral donors. Haryana is seen as an important test field because, although it has achieved impressive economic progress, human development indicators are among the lowest in the country. The aim would be to improve prospects for a better and more socially productive life with activities aimed at keeping girls in school, motivating parents and the community to place higher value on women's education, providing skills training and income-generating activities linked with education, expanding non-formal education opportunities and enhancing childhood care. UNFPA's contribution of $2 million would cover all preliminary studies, a situational analysis and implementation of specific activities. An additional $7.6 million would be sought from other sources, including multi-bilateral sources.

Programme reserve

32. An amount of $1.07 million would be held in reserve for needs that may arise during the implementation of the programme. Among the activities being considered are the establishment of a national population commission and the provision of technical support to the Ministry of Health and Family Welfare for programme management.

Programme co-ordination

33. The Ministry of Health and Family Welfare is the Government coordinating body for the national health and welfare programme. The national population commission, if established, would further ensure that the programme reflects a multi-sectoral approach and that joint programming is undertaken with all other concerned ministries and organizations. UNFPA remains closely associated with this development and would ensure promotion of concerted efforts with other donors in the field of population. For example, the new programme is designed to coincide with the Government's eighth five-year development plan, and with the programme cycles of UNDP and UNICEF, partners with UNFPA in the Joint Consultative Group on Policy. The programme includes several collaborative activites with UNDP, UNICEF and others.

Programme monitoring, evaluation and management

34. Mechanisms for periodic monitoring and evaluation, including regular technical reviews, would be built into each programme component. A number of major projects would be selected for in-depth evaluation, and a mid-term review of the UNFPA country programme is envisaged for 1993. The proposed fourth country programme would be managed by the UNFPA Country Director under the general supervision of the UNFPA Representative. The UNFPA Country Director is now assisted by one International Programme Officer, one National Programme Officer, one Junior Professional Officer and other support staff.

Financial summary

35. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $90 million, of which $70 million would be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $20 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The following table depicts how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	50,800,000	7,800,000	58,600,000
Information, education and communication	9,230,000	3,600,000	12,830,000
Population policy formulation	3,600,000	--	3,600,000
Population dynamics	250,000	--	250,000
Women, population and development	2,300,000	1,000,000	3,300,000
Multi-sectoral activities	2,750,000	7,600,000	10,350,000
Programme reserve	1,070,000	--	1,070,000
TOTAL	70,000,000	20,000,000	90,000,000

V. RECOMMENDATION

36. The Executive Director recommends that the Governing Council:

(a) Approve the programme for India in the amount of $90 million for the five-year period 1991-1995;

(b) Authorize the Executive Director to commit an amount of $70 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the remaining balance of up to $20 million from UNFPA regular resources, if UNFPA funding situation permits. If and to the extent this is not possible, further authorize the Executive Director to seek to cover the shortfall from other sources, including multi-bilateral sources.

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of India and with the executing agencies.

UNITED
NATIONS

DP

Governing Council
of the
United Nations
Development Programme

Dist.
GENERAL

DP/FPA/CP/87
22 March 1991

ORIGINAL: ENGLISH

Thirty-eighth session
3 - 21 June 1991, New York
Item 6 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES
Recommendation by the Executive Director
Assistance to the Government of Morocco
Support for a comprehensive population programme

Proposed UNFPA assistance:	$17 million, of which $12 million is to be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $5 million may be provided by UNFPA. If and to the extent this is not the case, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Morocco United Nations International Labour Organisation (ILO) Food and Agriculture Organization of the United Nations (FAO) United Nations Educational, Scientific and Cultural Organization (UNESCO) World Health Organization (WHO) National and International NGOs
Government co-ordinating agency:	Ministry of State in charge of Foreign Affairs and Co-operation

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MOROCCO

Demographic facts

Population Total (000)	
Total	25,139
Males	12,583
Females	12,556
Sex ratio (/100 females)	100.2
Urban	12,180
Rural	12,959
Per cent urban	48.5
Population in year 2000 (000)	31,366
Functional age groups (%)	
Young child: 0-4	15.0
Child: 5-14	25.7
Youth: 15-24	20.2
Elderly: 60+	5.9
65+	3.6
Women: 15-49	24.0
Median age (years)	19.3
Dependency ratios: total	79.5
(/100) Aged 0-14	73.0
Aged 65+	6.5
Agricultural population density (/hectare of arable land)	1.1
Population density (/sq. km.)	56
Average annual change (000)	
Population increase	627
Births	847
Deaths	219
Net migration	0
Annual population total (% growth)	2.35
Urban	3.82
Rural	0.87
Crude birth rate (/1000)	3.17
Crude death rate (/1000)	8.2
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	4.20
Gross reproduction rate (/woman)	2.05
Net reproduction rate (/woman)	1.78
Infant mortality rate (/1000)	68
Life expectancy at birth (years)	
Males	61.6
Females	65.0
Both sexes	63.3
GNP per capita (U.S. dollars, 1988)	830

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1990. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive programme in the amount of $17 million, of which $12 million would be committed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Morocco in achieving its population and development objectives. If UNFPA's funding situation permits, the balance of up to $5 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources.

2. The proposed fourth UNFPA programme of assistance is based on the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission which visited Morocco in October 1990. The mission was undertaken in close collaboration with government officials, concerned United Nations agencies, non-governmental organizations (NGOs), and multilateral and bilateral donors. The proposed programme is closely linked to government objectives and strategies as elaborated in the Five-year National Development Plan (1988-1992) and the new development plan (1992-1996) under preparation.

3. The overall objectives of the programme are to contribute to the Government's efforts to improve the social and economic conditions of its population, particularly the rural population; improve the quality of and access to maternal and child health and family planning (MCH/FP) services and ensure greater contraceptive continuation rates; and improve the knowledge and understanding by the population of the importance of better health (especially for women and children), improved literacy and the sustainable use of the country's natural resources. Emphasis would be placed on the interrelationship between population growth, its distribution and the environment.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Plan of Action; that is, that population policies should be consistent with internationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children, and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. According to national estimates confirmed by United Nations projections, the Moroccan population in 1990 was approximately 25 million people. According to national projections prepared in 1986, the population would reach 35.5 million (high variant) or 33.3 million (medium variant) by the year 2000. Preliminary results of the National Demographic Survey (1986-1988) indicate that the population is growing at a rate of 2.4 per cent annually and that 43.4 per cent of the total population lives in urban areas; 41.4 per cent of the population are aged 14 or younger, and life expectancy is 65.5 years (63.8 for men and 67.1 for women), with significant rural-urban differences. In 1982, the total fertility rate was over 5.5 children per woman but had declined to below 4.5 in 1987. The principal contributing factors to this fertility decline are the substantial rise in the age at first marriage for women, from 17.3 years in 1960 to 24 years in 1987, and the rapid increase in contraceptive prevalence, which rose from 19 per cent in 1980 to 36 per cent in 1987. While the total fertility rate fell below 3 in urban areas, it was still 6 in rural areas in 1987. Infant mortality and mortality rates for children 1 to 5 years of age have declined during the past 25 years from 150 per 1,000 to 73 per 1,000 and 75 to 31 per 1,000, respectively. Maternal mortality is estimated at over 400 per 100,000 live births.

6. Morocco's high population growth rate has been accompanied by population redistribution resulting from internal migratory movements largely directed towards small and medium-sized cities. The preliminary results of the 1986-1988 National Demographic Survey show that in one year approximately 915,000 persons migrated within the country; 41 per cent of this population moved from rural to urban areas, and 32 per cent from one urban area to another. The survey also indicated that, in 1987, 71,000 people left the country and 32,000 returned.

7. Women constitute 51.1 per cent of the population. There are 10.5 per cent more women than men in the 15-59 age group owing to long-term emigration of men. Marriage is universal but unstable, and 17.2 per cent of all households are headed by women. In 1986, 35 per cent of the economically active population were women, most of them, however, in low-salaried positions. The 1982 census estimated that 77.9 per cent of the female population 10 years or older were illiterate as opposed to 51 per cent for males; 57.6 per cent of women in urban areas and 94.6 per cent of women in rural areas are illiterate. In 1986, primary school enrolment for girls was estimated at 62 per cent compared to 92 per cent for boys. Among illiterate women the average age at first marriage is 20.3 years, while the average age for women with seven or more years of education is 25.9 years.

8. During the 1970s and 1980s, Morocco's economy was greatly affected by the world-wide economic fluctuations. In the 1980s, the country adopted a structural adjustment policy consisting of the elimination of most price controls and trade monopolies, reduction in consumer subsidies, and increases in the price of agricultural products. The gross domestic product (GDP) averaged a growth rate of 5.6 per cent for the 1985-1988 period. External debt servicing requires 40 per cent of export earnings. In 1987, the gross national product (GNP) increased by 1.2 per cent while the population growth was 2.4 per cent. Poverty levels estimated by the World Bank remain high. This situation is particularly critical in the southern rural areas. Unemployment reached 16.3 per cent in cities in 1989, with underemployment affecting 23.2 per cent of the rural population in 1986.

9. Family planning in Morocco has a long tradition of official support and with particularly encouraging results since the beginning of the 1980s, when the Government made modifications in its health strategy and increased resources for family planning and primary health care. Nonetheless, there is a discrepancy between contraceptive prevalence, estimated at 36 per cent, and the almost universal knowledge (97.8 per cent as reported by the 1987 Moroccan Demographic and Health Survey (DHS)) of at least one modern method of family planning. According to the DHS, only 25 per cent of women received a minimum of one prenatal consultation prior to their last birth, and only 26 per cent of births were assisted by a trained health professional. Here too, wide variations were reported for urban and rural areas in prenatal care -- 48.2 per cent in urban as opposed to 12.6 per cent in rural areas. Assistance at birth was 56.2 per cent in urban versus 10.6 per cent in rural areas.

10. Government concern for population issues began with Morocco's Independence in 1956. In 1960, Morocco carried out its first national population census. The following year it undertook a multiround survey that lasted until 1963. Then in 1966, His Majesty the King of Morocco signed the United Nations Population Declaration. Although the Government has not adopted an explicit population policy, it gives high priority to population problems. Successive development plans have given consideration to population issues and policies as initiated by the 1973-1977 Development Plan, where a comprehensive approach to population issues was espoused through actions in the sectors of health, housing, environment, national and regional development, education and employment, and in the creation of the Population Division within the Ministry of Public Health (MOPH) and of the Centre for Demographic Research Studies (CERED) in the Ministry of Planning. This integration of demographic variables in development planning is continuing in the 1992-1996 development plan currently under preparation. This plan is expected to focus primarily on rural development; environmental protection; improvement in the quality of life; establishment of an integrated social statistics system for monitoring and assessing the socio-economic situation and allowing for a more precise delineation of population action

programmes; and mobilization and participation of all local communes in population and development strategies and policies in order to make them more responsive to local needs.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

11. UNFPA assistance to Morocco began in 1974 with support in the amount of $3.4 million for the development of the family planning programme initiated in 1967. In 1980, a basic needs assessment mission visited Morocco, and in 1981 the Governing Council approved a programme of assistance in the amount of $10 million for five years. As a result of UNFPA's financial constraints, however, this amount was later reduced to $5.5 million.

12. On the basis of the findings of a second needs assessment mission in 1985, the current UNFPA programme of assistance was approved by the Governing Council in 1987 for a five-year period in the amount of $10.5 million. The programme's long-term objective was to create self-reliance in the identification, implementation and evaluation of national population policies and programmes. The programme's immediate objectives were to increase national capacity to undertake population policy analysis and programme planning and contribute to the achievement of various ministerial objectives for population, and the increased participation of women in the development process. Special attention was given to institution-building in the planning, health and education sectors. The programme was largely executed by the Government, assisted by international technical agencies or institutions to ensure project quality and monitoring.

Maternal and child health and family planning

13. UNFPA assistance to the MCH/FP sector concentrated on the improvement of the quality and accessibility of integrated MCH/FP services in four southern provinces through training in MCH/FP skills for medical and paramedical staff, training in health management for national and provincial health authorities, and equipment for both fixed and mobile health infrastructures in the four provinces. Funds were also given to renovate and upgrade 75 health care facilities in five provinces recording high infant and maternal mortality. Assistance to improve the training of midwives and to strengthen the institutional and technical capabilities of the Health Education Division of the Ministry of Public Health in MCH/FP communication was only recently launched. Together with WHO, Canadian International Development Agency (CIDA), U.S. Agency for International Development (USAID) and the World Bank, UNFPA has provided assistance to the National Institute for Health Administration which was established in November 1989 and offers a masters degree and short-term training in public health and hospital management. Support was also provided to the Moroccan Family Planning Association (MFPA) for family planning communication activities with youth as the target group. In contributing to the national AIDS programme, UNFPA facilitated Morocco's participation in three international conferences on AIDS.

14. UNFPA provided transportation, some contraceptives and equipment in support of a United States Agency for International Development (USAID) project designed to strengthen and extend household-based MCH/FP services (Visite à Domicile de Motivation Systématique -- VDMS) to 43 provinces covering about 90 per cent of the population. A 1988 evaluation revealed that routine statistics did not yield precise and reliable information either on the proportion of the target population benefiting from the programme or on the programme's cost effectiveness. A study conducted in 1990 was designed to provide data on the cost and efficiency of fixed and mobile family planning serviees.

15. MCH/FP service statistics have only recently addressed information requirements at the national level, with little attention to their usefulness at the regional and provincial levels. In 1987, the Ministry of Public Health,

with UNFPA, the United Nations Children's Fund (UNICEF) and USAID assistance, initiated the development of a decentralized, computerized information system designed to operate in 20 provinces, providing a profile of each province's MCH/FP services and standardized basic data accessible to health personnel. The project is steadily gaining momentum.

Information, education and communication

16. UNFPA supported the introduction of population education concepts in the primary and secondary school curricula. Workshops and seminars were held for 900 inspectors, 3,800 primary school teachers and 3,700 student-teachers and trainers. A teacher's population education reference book was produced in Arabic and French, although in insufficient numbers and with some delay. At the secondary level, 600 inspectors and 2,000 teachers and student-teachers also benefited from training activities. A scope and sequence chart of population concepts was tailored to subject matters relevant to the primary and secondary curricula (e.g. Arabic, mathematics, geography, biology, civil instruction, etc). The training was more successful for the primary than for the secondary curricula, as the former took advantage of the 1985 educational reform and immediately adapted its strategy to the new orientation.

17. UNFPA also provided assistance for the training of educational planners, concentrating on the integration of demographic variables in the development of the rural educational infrastructure. Materials produced were used by the World Bank when determining its assistance to primary education in Morocco. Furthermore, UNFPA assisted the National Directorate for Regional Development and Environment within the Ministry of the Interior in developing a communication programme on the interrelationships between population, environment and sustainable development; in creating provincial commissions in six pilot provinces; in sensitizing decision makers and communicators; and the eventual elaboration of a multi-media strategy. With UNFPA assistance, the Higher Institute for Journalism carried out activities to integrate population communication concepts in its curriculum. Only a few didactic materials were produced, however. The Institute took part in the development of population education messages with the Ministry of Public Health, the Ministry of Social Affairs and the Moroccan Family Planning Association. In addition, UNFPA recently provided assistance to integrate population education in post-literacy programmes in 17 provinces reaching a total of 120,000 beneficiaries, of whom 65 per cent were women. A textbook on population and family welfare was developed and is being used in the literacy programme for girls 10 to 16 years old at the Ministry of Social Affairs' vocational centres for young women.

Data collection and analysis

18. UNFPA provided assistance to the Ministries of Planning, Interior, Public Health and Habitat for a number of data collection and analysis activities. This includes a wide spectrum of activities such as census, civil registration and demographic surveys. Despite the CERED's impressive achievements in producing high-quality research in significant quantities, requirements for population data collection and analysis are not prioritized, often leading to duplication of effort and ineffective utilization of the data produced. In addition, UNFPA supported a National Demographic Survey sampling of 30,000 households in five rounds. The survey provided a good deal of information on fertility and pregnancies, but little on marginal populations and none at all on selected fertility correlates and causes of death. It has not been possible to undertake in-depth analysis of migration patterns and their economic determinants. UNFPA supported the Ministries of Interior and Planning in strengthening the civil registration system and improving vital statistics. The projects engendered useful interministerial collaboration and contributed to improved civil registration coverage.

Population policy formulation

19. UNFPA provided support to the Ministry of Planning's Directorate of Statistics and of Planning and the National Institute for Applied Statistics and Economics (INSEA) for population and development activities directed at increasing the Government's capabilities to integrate demographic variables in the development planning and policy formulation process; strengthening the demographic training curricula; promoting research and analysis of data including data on the role and status of women; and dissemination of information and findings. While capabilities have markedly improved and research is of high quality, the sectoral ministries' capacity to integrate population variables in development planning remains weak and is limited by inadequate size of staff.

Women, population and development

20. Efforts were made to integrate women into several of the UNFPA-assisted projects both as participants and as beneficiaries. In addition, UNFPA supported activities organized by the Ministry of Youth and Sports and the Moroccan Women's Union to study socio-economic and cultural norms and ensure that women's needs are adequately addressed in income-generating activities and IEC programmes; and to create economic co-operatives. UNFPA support to this sector has proved to be very productive and successful in sensitizing women to the importance of family planning, hygiene, health and nutrition.

Other external assistance

21. Under its current programme 1989-1996 ($31 million), USAID is assisting the Ministry of Public Health with the expansion of MCH/FP services, including VDMS, with a mobile and flexible outreach referral programme. The programme includes strengthening the Ministry's capabilities to monitor and test AIDS. The third com ponent focuses on exploring and analysing means of creating market opportunities for health care services and products. The World Bank extended a six-year $28.4 million health development loan in 1986 and is preparing a new $160 million sector programme ($100 million of it a World Bank contribution). The new loan broadens the emphasis on primary health care to include, among other components, basic diagnostic services. UNICEF provided assistance and publicity for the vaccination and oral rehydration campaigns and continues its support in these areas in addition to health education and nutrition. The World Health Organization (WHO) gives technical assistance for AIDS prevention, and in training public health, epidemiology and communicable diseases, and UNDP is providing approximately $3 million over 1988-1991 for hospital maintenance and seminars on the financing of health care. Other bilateral donors include Canada, China, France and Spain, each of which provides for fellowships, consultancies and commodities.

22. UNICEF is assisting the Ministry of Education with the integration of health and nutrition concepts in the primary school curricula; the national literacy campaign; and the Ministry of Public Health and MFPA in their vaccination, nutrition and family planning activities. The Catholic Relief Services contributed to the Ministry of Public Health's breast-feeding promotional campaign.

23. UNDP assisted the Directorate of National and Regional Development and Environment with the preparation of a state-of-the-environment report. It also plans to support the Centre for Educational Technologies with the establishment of a regional network for the conception, production and dissemination of didactic materials.

24. Among the other multilateral agencies, UNDP has significantly supported activities in data collection and population and development. It assists the Ministry of Planning with the survey on household living conditions,

the establishment of the national household survey capability programme and the national programme for training in project management and analysis (together with France and USAID).

IV. PROPOSED PROGRAMME 1992-1996

25. In line with government policies, the current development plan and the priorities of the 1992-1996 draft plan, the objective of UNFPA's 1992-1996 programme of assistance to Morocco is to contribute to the Government's efforts to improve the socio-economic conditions of its population, particularly the rural population. UNFPA would support the Government's efforts to decentralize the development process and make it more responsive to the individual's potential and needs. The overall objectives of the programme are presented in paragraph 3 above.

26. In support of the Government's strategy to decentralize decision-making and responsibilities for development to the provincial and communal level, the UNFPA programme would focus on integrated, multisectoral population activities in a number of selected impoverished provinces. The main audiences would be women and youth. At the national level, UNFPA's strategy would be: (a) to consolidate and continuously update the capabilities of the sectoral ministry personnel in the planning, programming, implementation and evaluation of provincial-level population activities; (b) to provide equipment and material necessary for managing and evaluating population activities; and (c) to assist with the standardization of research methodologies and data collection/analysis for policy and programme formulation.

27. At the provincial level, UNFPA's strategy would be: (a) to inform and train human resources in health, development and environment issues; (b) to provide didactic materials and manuals for information and training activities; (c) to provide expendable and non-expendable equipment for IEC and MCH/FP services; (d) to renovate MCH/FP facilities where necessary; (e) to ensure that population, health, literacy, and environmental messages and training are responsive to the local situation through support for socio-cultural studies and research; (f) to assist in the continuous monitoring and evaluation of population and socio-economic data and the development of an MCH/FP statistical system; and (g) to assist with the establishment of multisectoral provincial population committees to ensure co-ordination and harmonization of population activities.

Maternal and child health and family planning

28. UNFPA would support the Government in its plan to improve the quality and expand accessibility of MCH/FP services for the purpose of decreasing maternal and infant mortality, priority concerns of the Ministry of Public Health, as well as decreasing fertility among high-risk groups. A 1987 study by the Ministry indicated that the rural population had difficulty gaining access to facilities, particularly facilities capable of providing long-acting, clinically supervised contraceptive methods and a wider range of quality MCH services. The deterioration of aging facilities and equipment during the recent budget austerity has aggravated this situation.

29. In accordance with the Government's decentralization policy, UNFPA would undertake, in a selected number of the poorest and most difficult-to-reach provinces: (a) to reinforce the quality of MCH/FP services in fixed facilities by training health personnel in family planning skills, management and IEC, including interpersonal communication and counselling; (b) to improve supervision by standardizing reporting and monitoring tools, and promoting more frequent and well-organized supervisory visits; (c) to integrate family planning with preventive health care by supplying the required equipment; and (d) to support the development of MCH services for improved prenatal and delivery care and integrate family planning with all MCH service strategies including

adequate in-service training in prenatal, delivery and post-partum care. In the same selected provinces UNFPA would extend MCH/FP coverage to remote dispersed populations by assisting the Government to maintain its mobile facilities. The Fund would also support operational research to determine the feasibility and effectiveness of alternate outreach strategies.

30. In order to achieve the Government's objective of providing a wide range of contraceptive methods in its family planning programme, UNFPA would assist the Ministry of Public Health in conducting feasibility studies and would provide training and technical assistance in addition to the introduction of new contraceptive technologies including NORPLANT and other long-acting injectables. Currently, 80 per cent of contraceptive users use contraceptive pills. UNFPA would also assist the Ministry of Public Health with a study on contraceptive continuation rates (types of method, distribution logistics, home environment, etc). Assistance would be directed to encourage the Ministry of Public Health to test the feasibility and viability of different contraceptive cost-recovery scenarios by providing technical expertise and opportunities for research.

31. Because IEC is the weakest link in Morocco's family planning programme, the Ministry of Public Health now gives greater importance to an effective IEC programme aimed at increasing awareness and use of MCH/FP services. UNFPA would assist the Government in the development of an integrated community strategy by helping: (a) to produce improved MCH/FP promotional materials for illiterate and semi-literate women including traditional birth attendants (TBAs); (b) to improve training of health personnel in communication skills; (c) to produce IEC tools and visual aids for health facilities; and (d) to integrate post-partum counselling and family planning in breastfeeding and nutrition campaigns and programmes. In addition, UNFPA would assist the MFPA with the development of IEC strategies directed at youth and newly-weds, combining sensitization and information on MCH/FP and the promotion of women's status. UNFPA would assist the Service for Studies and Health Information (SEIS) of the Ministry of Public Health in further developing and extending the decentralized computerized information system on MCH/FP. Reliable data play a key role in the planning and implementation of MCH/FP services and the Ministry of Public Health's intention is to extend the system to all provinces. UNFPA would also support the organization of the 1992 National Demographic and Health Survey (DHS) conducted by SEIS and in the analysis of health and population data so as to benefit from the 1993 census and the permanent national demographic survey. UNFPA would also assist the National Institute for Health Administration in improving the quality of their training in health and family planning logistics and management.

32. In 1989, the Government established a national committee for the fight against AIDS. UNFPA would support the Ministry of Public Health's health strategy for AIDS by contributing to the integration of modules on sexually transmitted diseases and AIDS in the pre- and in-service training for health care and by participating in the development of information materials to increase public awareness of HIV infection and recommended preventive measures. The Fund would also support knowledge, attitude and practice (KAP) surveys to help gain a better understanding of the sexual behaviour of adolescents. UNFPA would provide $5 million from its regular sources for the MCH/FP sector; an additional $3 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

33. Past programme experience shows that in order to make a variety of population activities more effective, the time has now come to fully institutionalize such activities and to improve collaboration and consultations between ministries and NGOs. At the national level, UNFPA's support would, therefore, focus on: (a) strengthening the Ministry's of Education's Population Education Unit to become the national institution responsible for harmonizing population education concepts and co-ordinating provincial training activities and the

production of didactic materials; (b) continuing its assistance for the integration of population education in the teacher training centres; (c) establishing a permanent evaluation mechanism to measure achievements in teacher training and modification of student behaviour; (d) finalizing the national strategy to increase young women's attendance at school and test this strategy in the selected provinces; (e) strengthening the Higher Institute for Journalism's advisory capacity to elaborate multi-media messages for the provincial programmes; (f) supporting the integration of population education and environment concepts into secondary-school teachers' training programmes; and (h) strengthening the applied research capabilities of the University's Faculty of Education Sciences.

34. At the provincial level, UNFPA assistance would focus on the selected provinces mentioned above to: (a) prepare multi-sectoral IEC activities on the basis of feasibility studies for each province (i.e., analysis of IEC activities already undertaken, and definition of the audience's characteristics), which would be monitored by a provincial committee; and (b) assist in the implementation of provincial action programmes including awareness-creation and sensitization campaigns. The Fund would also support the training of sectoral ministry staff as follows: health staff in interpersonal communication and counselling; staff of the Ministries of Social Affairs and Youth's literacy and vocational training programmes; female agricultural extension workers of the Ministry of Agriculture in various aspects of family planning; and the staff of the Ministry of the Interior on the interrelationship between population distribution and environment. UNFPA would provide $4 million from its regular resources for the population IEC sector; an additional $1 million would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

35. UNFPA would encourage the establishment of a statistical unit within the Directorate of Statistics specialized in processing and producing basic population data needed by the sectoral ministries for their planning. UNFPA also proposes to provide selected support for the 1993 census, focusing on tabulation and analysis activities while giving priority to the integration of population data in the sectoral planning process. The Fund would also provide assistance for the elaboration of a new master sample based on the 1993 census, as well as for the establishment of a Permanent Demographic Survey preceded by a feasibility study giving priority to sampling activities and to cartography. Limited assistance for the national migration survey would be provided. Recognizing the importance of data collection at the local level, UNFPA would continue to assist with the improvement of the civil registration system and support the training of the Ministry of Planning's regional and provincial personnel by developing regional population databanks. UNFPA would provide a total amount of $2 million for this sector, of which $1 million would be sought from other sources, including multi-bilateral sources.

Population dynamics

36. In order to assist in integrating population concerns into Morocco's development planning, UNFPA would provide training for the personnel of various ministries such as Habitat, Employment and the Interior; support research and studies to enhance the value of census data and national surveys with priority for research directly linked to the planning process; and support the training programme in demography at the National Institute for Applied Statistics and Economics (INSEA). UNFPA would provide a total amount of $1 million for this sector.

Women, population and development

37. Illiterate and semi-literate women in the selected rural provinces would be the main target groups for improved MCH/FP services and IEC activities. Socio-cultural research and studies on women's role and status

would be supported at the provincial level. At the national level, special emphasis would be placed on the collection of gender-specific data. As an integral part of the IEC programme with the Ministry of Agriculture and as a pilot project for demonstration purposes, UNFPA proposes to support some income-generating activities for women heads of households in the selected rural provinces. UNFPA would also encourage collaboration between the CERED and the Ministry of Justice to study the phenomena of marriage and divorce, given the importance of such data in understanding the changing status of women. Women, population and development activities may be implemented in collaboration with NGOs. UNFPA would provide a total amount of $500,000 for this sector.

Programme reserve

38. A reserve of $500,000 would be set aside to meet unforeseen needs that may arise during the programme period.

Programme co-ordination

39. The Directorate of Multinational Co-operation of the Ministry of Foreign Affairs is responsible for the administrative co-ordination of the UNFPA programme. The Ministry of Planning is in charge of technical co-ordination, which would be strengthened by the establishment of a permanent committee on the integration of demographic variables in development planning which would include representatives from the Ministry of Planning (as the secretariat) and sectoral ministries. The programme also calls for the co-ordination of IEC activities at the national and provincial levels, under the auspices of the Ministry of Education.

40. The proposed UNFPA 1992-1996 programme of assistance corresponds to Morocco's 1992-1996 development plan and UNDP's programme cycle for Morocco. UNICEF plans to submit its new programme to its Executive Board in 1991. As with the current programme, UNFPA would consult and co-ordinate the development and implementation of programme and project activities with other donor agencies. Regular consultation meetings and contacts would be maintained with UNFPA's partners in the Joint Consultative Group on Policy and with other United Nations agencies and with NGOs.

Programme monitoring, evaluation and management

41. While major projects would undergo independent evaluations, built-in monitoring and evaluation components would be an integral part of each project. The UNFPA Representative, who is also the UNDP Resident Representative, would have the overall responsibility for managing the programme. The UNFPA Country Director would have the day-to-day responsibility for the programme, assisted by two National Programme Officers, an Administrative/Finance Assistant and two secretaries. Implementation of the projects would follow standard UNFPA procedures. A mid-term review would be conducted in 1994.

Financial summary

42. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $17 million, of which $12 million would be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $5 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	5,000,000	3,000,000	8,000,000
Information, education and communication	4,000,000	1,000,000	5,000,000
Data collection and analysis	1,000,000	1,000,000	2,000,000
Population dynamics	1,000,000	--	1,000,000
Women, population and development	500,000	--	500,000
Programme reserve	500,000	--	500,000
TOTAL	12,000,000	5,000,000	17,000,000

V. RECOMMENDATION

43. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Morocco in the amount of $17 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to commit an amount of $12 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up $5 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other sources, including multi-bilateral sources.

(d) Authorize the Executive Director to allocate the funds and to make appropriate arrangements with the Government of the Kingdom of Morocco and with the executing agencies.

UNITED
NATIONS

DP

Governing Council
of the
United Nations
Development Programme

Distr.
GENERAL

DP/FPA/CP/88
8 April 1991

ORIGINAL: ENGLISH

Thirty-eighth session
3 - 21 June 1991, New York
Item 6 of the provisional agenda
UNFPA

UNITED NATIONAL POPULATION FUND

PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Malaysia
Support for the national population programme

Proposed UNFPA assistance:	$1.5 million
Government's contribution:	$4 million
Duration:	Four years
Estimated starting date:	January 1992
Executing agencies:	Government of Malaysia
Government co-operating agencies:	National Population and Family Development Board University of Malaya Ministry of Health Federation of Family Planning Associations, Malaysia Department of Statistics Department of Agriculture
Government co-ordinating agency:	Economic Planning Unit of the Prime Minister's Department

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91-11378

MALAYSIA

Demographic facts

Population Total (000)	
Total	17,339
Males	8,737
Females	8,602
Sex ratio (/100 females)	101.6
Urban	7,336
Rural	10,003
Per cent urban	42.3
Population in year 2000 (000)	20,870
Functional age groups (%)	
Young child: 0-4	13.2
Child: 5-14	23.0
Youth: 15-24	20.1
Elderly: 60+	5.9
65+	3.8
Women: 15-49	25.8
Median age (years)	21.7
Dependency ratios: total	66.7
(/100) Aged 0-14	60.3
Aged 65+	6.4
Agricultural population density (/hectare of arable land)	5.1
Population density (/sq. km.)	53
Average annual change (000)	
Population increase	369
Births	464
Deaths	95
Net migration	0
Annual population total (% growth)	2.02
Urban	3.87
Rural	0.56
Crude birth rate (/1000)	25.4
Crude death rate (/1000)	5.2
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	3.09
Gross reproduction rate (/woman)	1.50
Net reproduction rate (/woman)	1.44
Infant mortality rate (/1000)	20
Life expectancy at birth (years)	
Males	68.7
Females	73.0
Both sexes	70.8
GNP per capita (U.S. dollars, 1988)	1940

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1990. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support selected areas of intervention in the amount of $1.5 million over a period of four years, beginning January 1992, to assist the Government of Malaysia in achieving its population and development objectives. The proposed selected project areas are based on the findings and recommendations of a Programme Review and Strategy Development (PRSD) mission that visited Malaysia in mid-1990 and on consultations with the Government of Malaysia.

2. The proposed areas of intervention would include support for population and development activities with emphasis on strengthening policy formulation; integrating population issues into development planning; conducting selected population research; carrying out activities linking environmental and population concerns; and supporting women, population and development activities.

3. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

4. With a total population of just over 17 million and a per capita gross national product (GNP) of US$ 1,940 in 1988, Malaysia has been one of the economic success stories of the developing world. Its development scenario of the past 20 years has been dominated by the New Economic Policy (NEP), which has sought to restructure Malaysian society along ethnic lines and to eradicate poverty irrespective of race. The NEP has indirectly exerted a dominant influence on demographic trends in the country. According to United Nations estimates and projections at the medium variant as assessed in 1990, the average annual rate of growth in 1985 was 2.64 per cent and is projected to drop to 2.26 per cent in 1990. In 1985 the population was 15.7 million and the projected figure for 1990 is 17.9 million. Overall growth rates have been significantly higher in Sabah (3.5 per cent a year between 1986 and 1988) than for Peninsular Malaysia (2.4 per cent) or Sarawak (2.6 per cent). For the country as a whole, at an average annual rate of growth rate of 2.26 per cent for the period 1990-1995, the total population is expected to reach 22 million by the year 2000, with about 81 per cent living in the Peninsula and the remainder divided roughly equally between Sabah and Sarawak. Contraceptive prevalence rates increased from 36 per cent to 49 per cent between 1974 and 1988, but use of ineffective methods is still high especially among the Malay segment of the population.

5. The population continues to be young, which has great implications for development planning. However, the proportion of the population below age 15 is expected to decrease from 38.3 per cent in 1985 to about 37.5 per cent in 1990 and 34.8 per cent in 2000. For the immediate future, the dependency burden can be expected to be less heavy relative to earlier periods, and there should be less of a problem of creating employment for the burgeoning numbers entering the labour force. The total dependency rate dropped from 76 per cent in 1980 to 70 per cent in 1988. With the working population growing at a faster rate than the population as a whole, accounting for 59 per cent of the total in 1988, the problems of human resource development and pressures on the labour market are clearly important. The number of elderly

is projected to more than double between 1980 and 2000, and this will require provisions for their support and care as families are less able to care for them.

6. Improvements in child health are evident from the decline in the infant mortality rate from 82.2 to 24.1 per 1,000 live births over the 30 years between 1955 and 1985. A major concern now is to improve the links between maternal and child health and family planning since the burden of poverty and poor health of mothers and children frequently correlate with high fertility and ineffective child spacing. Another priority is to reduce the differential among regions and sub-groups of the population. Although knowledge of at least one method of family planning is almost universal, the contraceptive prevalence rate for married women of reproductive age was only 49 per cent in 1988. Use of effective methods (most commonly the pill, followed by condoms and intra-uterine devices (IUDs)) was much lower at 33 per cent. The family planning programme administered by the Ministry of Health is mainly provided through the rural health services. By 1989 these services had achieved about 93 per cent coverage in Peninsular Malaysia and about 60 per cent in Sabah and Sarawak.

7. Internal migration and urbanization have exerted serious pressures on the environment and available infrastructure. On the one hand, the vulnerable groups of recent migrants, female-headed households and slum dwellers require special attention to cope with the increasing pressures of life in urban areas. On the other hand, areas affected by large-scale out-migration face serious productivity problems and a large dependent population, especially elderly women, who need support and care. It is international migration, however, that has increasingly captured the attention of Malaysian policy makers. The main problem has been the pressure on basic amenities in areas settled by non-documented migrants, especially in East Malaysia.

8. Malaysia's successful Five-Year Development Plan (1986-1990) shows increasing recognition of the role of demographic factors. According to its provisions, the National Population Policy is to be viewed in relation to the natural resources of the country and as a parameter for development programmes. To improve the "quality of life of the population", attempts have been made for more comprehensive and consistent integration of demographic factors into planning across all sectors of the economy. The overall goals of the Sixth National Development Plan (1991-1995) are eradication of poverty; promotion of self reliance; development of human resources; improvement of education, health, quality of life and protection of the environment; and promotion of sexual equality and an enhanced role for women.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

9. UNFPA assistance to Malaysia began in 1973 with an allocation of $4.8 million to the national family planning programme for the period 1973-1978. Following a UNFPA Needs Assessment Mission in 1978, while the second programme of assistance was being formulated, UNFPA approved five interim projects. The second country programme in the amount of $6.5 million for four years was approved in 1980. This assistance was designed to complement and supplement a second population and family development project jointly funded by the Government and a World Bank loan. UNFPA's third programme of assistance to the Government in the amount of $2.1 million was approved in 1987 for a five-year period. Between 1973 and 1989, UNFPA allocated $14 million for population activities in Malaysia. Of this amount, $8 million (56 per cent) was allocated to support maternal and child health and family planning (MCH/FP) activities, followed by population information, education and communication (IEC) activities and for formulation and evaluation of population policies and programmes, each of which received approximately 10 per cent of allocations.

Maternal and child health and family planning

10. UNFPA assistance has been used to support the implementation of the national MCH/FP programme through the National Population and Family Development Board (NPFDB), the Federation of Family Planning Associations, Malaysia (FFPAM), and the Ministry of Health. Three important workshops were conducted by the NPFDB for the formulation of strategies for self-reliance in reproductive research. The family planning clinic services and family centres of FFPAM have been able to: (a) recruit and serve more acceptors and to improve the quality and comprehensiveness of services offered; (b) intensify community-based distribution of contraceptives; (c) provide staff training; (d) improve clinic facilities; and (e) develop and demonstrate effective approaches for the implementation of family planning and family life education activities. Various family health/family planning training programmes were also conducted by the Ministry of Health to improve human resource development, especially for traditional birth attendants (TBAs), community leaders and health and family planning workers.

Information, communication and education

11. With the aid of UNFPA resources, the NPFDB developed: (a) a national population support communication system in collaboration with other ministries and agencies interested in the population and family planning sectors; (b) an appropriate network to ensure an organized flow of population information; and (c) a training programme for its IEC staff.

Basic data collection and analysis

12. UNFPA projects have sought to improve census coverage and processing, especially of vital statistics in East Malaysia. Studies undertaken by the Department of Statistics have identified some of the factors responsible for the deficiency in vital statistics in East Malaysia. Efforts will be made to develop alternate means of collecting better information: for example, NPFDB has utilized UNFPA assistance to conduct a population and family survey in Sabah and Sarawak. The preliminary findings from this survey have been used in the formulation of the recent National Development Plan.

Population dynamics

13. UNFPA assistance has been used to strengthen the Population Studies Unit at the University of Malaya. This has facilitated the provision of undergraduate and graduate training in population-related issues.

Special programmes

14. In order to assist the Secretariat for Women's Affairs which was set up in 1983, UNFPA provided funds for establishing a clearing-house for information and materials on women in view of the increasing role of women in Malaysia's socio-economic development. UNFPA has also funded the University of Malaya and Malaysia's Women's Advancement Institute (IKWAM) to undertake a study on strengthening women's participation in development of family welfare programmes. The study is aimed at analysing the specific needs and problems of various disadvantaged groups of women and providing a comprehensive information base needed for integrating such women into the nation's development.

Other external assistance

15. The World Bank has provided assistance for population programmes through two loans. The first one was provided under the First Population Project (1973-1978) in which UNFPA participated. The second loan was provided under the framework of the Population and Family Health Project (1979-1982).

IV. PROPOSED PROGRAMME 1992-1995

16. Malaysia has made commendable economic and social progress in many areas and has become increasingly self-reliant in the population field, partly due to the contribution of UNFPA. Given the current population policy of Malaysia, UNFPA is of the opinion that there is no longer a need to support a comprehensive population programme for Malaysia. The main strategy of the proposed selected project areas of intervention would be to strengthen the country's capacity to formulate, implement, monitor and evaluate population programmes.

Basic data collection and analysis

17. The findings of the PRSD mission undertaken in mid-1990 showed that as regards basic data collection, the most serious problem is the undercoverage of vital events in East Malaysia. It called for efforts to identify a feasible survey approach for obtaining usable data on births and deaths in the short term while improving the existing civil registration system. As for Peninsular Malaysia, although there is a rich array of population and human resource-related data, this needs to be translated into synthesized, easily understood and applicable policy and programmes.

18. In order to obtain and derive reliable and comparable data useful for policy-making purposes, UNFPA proposes that the Department of Statistics (DOS) conduct diagnostic studies to assess the completeness and coverage of the civil registration system in Sabah and Sarawak. On the basis of such studies, the Federal Government's efforts to strengthen the civil registration system would be assisted by providing training and help in the development of materials. Technical support would also be provided to DOS. The total amount requested is $100,000 for the period 1992-1994.

19. UNFPA proposes that the Social Obstetrics and Gynaecology section of the University Hospital (University of Malaya) undertake research on materials development in conjunction with the contraceptive demand creation programme. The results would provide a basis for the Government to improve the availability and accessibility of contraceptive and related health products through contraceptive demand creation mechanisms, utilizing commercial retail channels. Total UNFPA assistance would amount to $160,000 for 1992-1994.

20. Assistance is requested for research on innovative studies in increasing awareness and demand creation for family planning services and on community-based projects. Total assistance would amount to $375,000 for 1992-1995. The sum of these three projects would amount to $635,000.

Population policy formulation

21. Considerable progress has been made in integrating population factors into development planning. However, institutional resources for effective population-development planning across all sectors and especially for Sabah and Sarawak are still weak. While development planning is primarily the responsibility

of the Economic Planning Unit of the Prime Minister's Department, the NPFDB is also giving greater emphasis to research and evaluation mechanisms for monitoring population dynamics and for assessing the demographic implications of socio-economic development. However, the sectoral implications of the new population policy have yet to be clearly understood. In light of emerging environmental concerns, it is also important to promote a more systematic approach to population and environmental issues in development planning.

22. UNFPA proposes to provide technical assistance to upgrade institutional resources available for formulating and analyzing population policy alternatives and for integrating population into economic and social development planning. The main objective is to enable the NPFDB to perform its advisory role to the Government as well as to strengthen its supervisory and co-ordinating function in population-related issues. Funds requested are for short-term consultancies and training for professional staff in the amount of $250,000 for 1992-1995.

23. In order to create greater awareness of the linkages between environment and population, UNFPA proposes to conduct studies on the implications of current demographic trends and population policies on the Malaysian environment in order to arrive at a better integration of population with environmental planning at the federal, state and district levels. An amount of $100,000 has been requested for research activities, training and seminars for the period 1992-1995. The total amount for the two projects in population policy formulation would be $350,000.

Women, population and development

24. According to the PRSD mission, emphasis should be given to improving the role of women both as participants and beneficiaries in development efforts. In addition, the government structure should be strengthened nation-wide to ensure effective and efficient implementation of the National Policy for Women that was adopted at the end of 1989.

25. To ensure the effective implementation of the National Policy for Women, staff and liaison officers of the Secretariat for Women's Affairs (HAWA) and the national institutions require training in gender planning. UNFPA proposes to help identify suitable experts and to design such training courses. The consultants would be expected to identify and correct any institutional weakness in the national machinery, introduce integrative strategies for addressing women's needs in development planning, and set up systems for monitoring and evaluating development projects. A total amount of $205,000 is being requested for the period 1992-1995.

26. UNFPA proposes that the University of Malaya develop a practical and comprehensive survey instrument for measuring the economic activity and labour-force participation of women in Malaysia. This would strengthen the capability of a core group of researchers in implementing the developed survey instrument on a national scale. An amount of $80,000 has been requested for the two years 1992-1993.

27. UNFPA proposes that the Department of Agriculture develop and conduct training programmes to address a range of women's needs. These would include educational and motivational programmes for family welfare and family planning, decision-making and for encouraging women's participation in community development, as well as IEC efforts in gender sensitization. A total amount of $80,000 has been requested for these projects for the three-year period 1992-1994. The three projects in the area of women, population and development would total $365,000.

Programme reserve

28. An amount of $150,000 is being requested to meet any unforeseen needs that may arise during the execution of the proposed project.

Programme co-ordination

29. The Economic Planning Unit is the official co-ordinating agency for the Government of Malaysia and is responsible for co-ordinating all activities between implementing agencies (including non-governmental organizations) and UNFPA. As with all of its programmes, UNFPA would seek to co-ordinate its activities with those of its partner agencies in the United Nations system and in particular with those in the Joint Consultative Group on Policy (JCGP).

Monitoring, evaluation and management

30. UNFPA-supported activities in Malaysia are currently managed by the office of the UNFPA Representative in Kuala Lumpur. The programme would be subject to monitoring and evaluation in accordance with revised UNFPA guidelines, which emphasize the need for progress reports, tripartite reviews, periodic country reviews and a final report on individual projects.

Financial summary

31. As indicated in paragraph 1, UNFPA proposes to support selected project areas of intervention in the amount of $1.5 million over four years in Malaysia. UNFPA assistance to the Government of Malaysia for the four-year period 1992-1995 by work plan category is as follows:

	UNFPA regular resources $
Basic data collection and analysis	635,000
Population policy formulation	350,000
Women, population and development	365,000
Programme reserve	150,000
TOTAL	1,500,000

V. RECOMMENDATION

32. The Executive Director recommends that the Governing Council:

(a) Approve the assistance for Malaysia in the amount of $1.5 million for the four-year period 1992-1995;

(b) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Malaysia.